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**California Major Crude Oil
Transporter Annual Report**
CEC Form A03 (rev. 8/19/05)



Company Name

Pipeline ID #

Product Code

Company ID Number

Report Year

Pipeline Storage Tank Capacity

Total Storage Volume 000's Barrels

Usable Storage Tank Capacity 000's Barrels

Pipeline Utilization

Maximum Throughput TB/SD

Average Throughput TB/CD

Receipts to Pipeline Systems from

Pipeline Gathering Systems 000's Barrels

Tankers 000's Barrels

Barges 000's Barrels

Other Pipeline Systems 000's Barrels

Deliveries from Pipeline Systems to

Refineries 000's Barrels

Tankers 000's Barrels

Barges 000's Barrels

Other Pipeline Systems 000's Barrels

Deliveries from Pipeline Systems to Out-of-State Receivers 000's Barrels

System Description: Attach a separate description and printed map for each pipeline system, including pipeline diameters, all points of origin, location of terminals, points of interconnection with pipeline gathering systems operated by others, whether the system is heated or unheated, balancing and emergency storage tanks and other information deemed relevant by the reporter. Also include submittal of electronic information for each pipeline system in a geographic information system (GIS) format.

Notes:

TB/SD is thousands of barrels per stream day.

TB/CD is thousands of barrels per calendar day.

File a separate report for each pipeline system.

Usable storage tank capacity is total storage minus that volume that cannot be used for normal operations.

Deliveries from Pipeline Systems includes California and out-of-state deliveries.

This report contains proprietary and trade secret information and is customarily treated as confidential by this company. The disclosure of this information would result in competitive hardship. Therefore, pursuant to Public Resources Code sections 25213, 25218(e), 25364 and Title 20, California Code of Regulations, section 1370 our company is requesting that all information submitted on this form be kept confidential. I certify under penalty of perjury that the information contain in this Report is true, correct and complete to the best of my knowledge. I am authorized to make this report on behalf of my company.

Name, Title & email address

Telephone Number

Signature

Date Filed